

HEALTH SCRUTINY PANEL - THURSDAY, 30TH JUNE, 2016

SUPPLEMENTARY PAPERS

The following Papers were tabled at the meeting.

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
6.	Introduction to Health Scrutiny	1 - 32	
	Presentation slides:		
	<ul style="list-style-type: none">• Adult Social Care and Public Health• NHS and CCG		

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Adult Social Care
Health Scrutiny Panel
30th June 2016
Alan Sinclair - Director
Adult Social Care

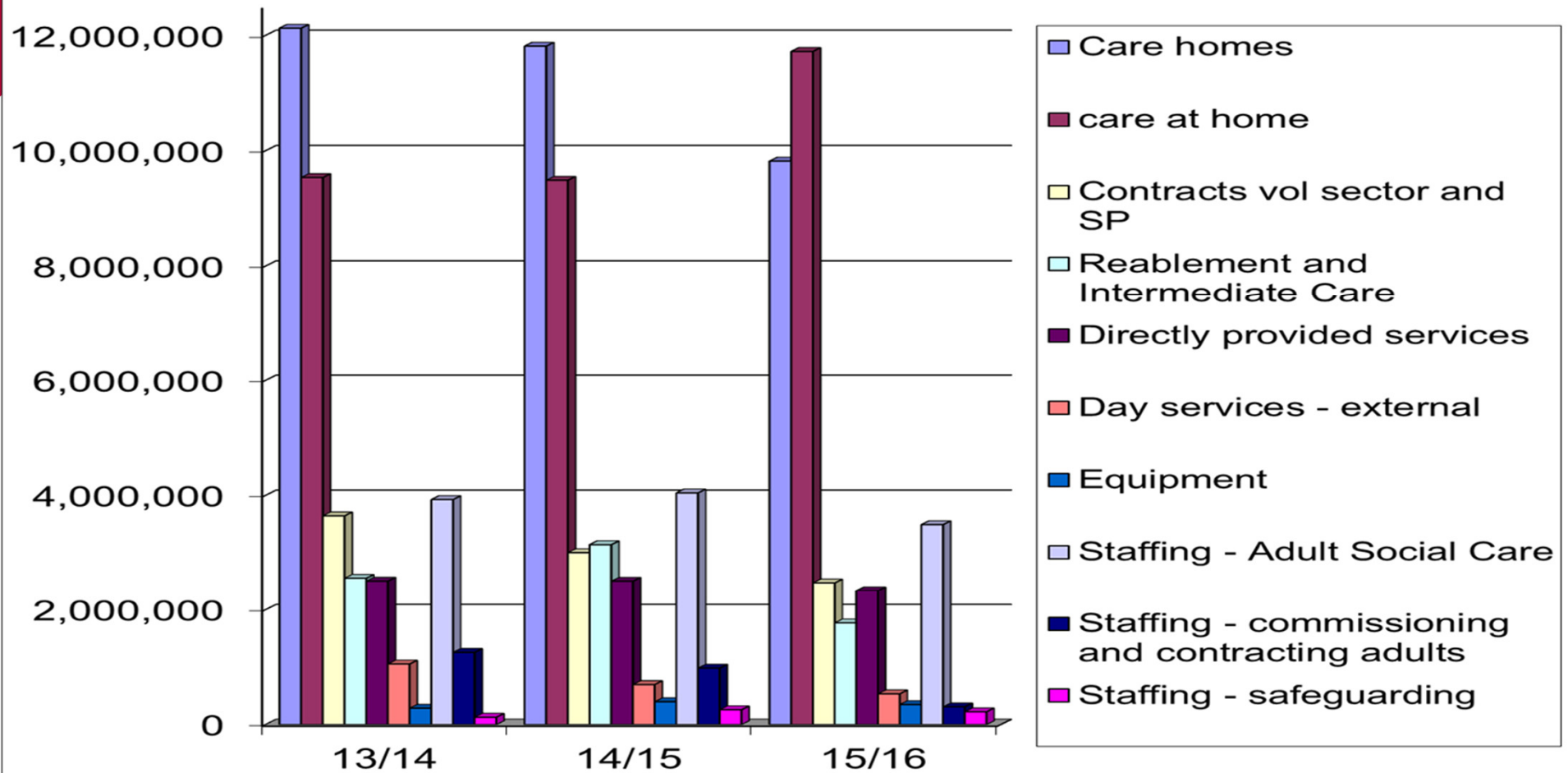
What is Adult Social Care?

- Provision of social work, personal social care, protection, social support for adults at risk or who have needs arising from illness, disability or ageing.
- Providing personal and practical support to help people live their lives
- Supporting people to maintain their independence, dignity and control
- Care Act 2014 sets the legislative framework
- Types of support include - Assessments, Social Work, Occupational Therapy, Information and Advice, Advocacy, Prevention Services, Direct Payments, Care at Home, Day Services, Care Homes, Equipment, Carers Support.

Adult Social Care Budget

- Nationally estimated to be a £4.3bn shortfall in adult social care budgets by 2020
- Last 5 years has seen a £4.6bn reduction in ASC budgets – 31% in real terms
- Only 7% of Directors are fully confident they will balance their budgets this year
- Slough ASC net budget 16/17 is £31m – was £40m in 13/14
- ASC Reform Programme – planned savings 2015-2020 £7.8m
- £2.1m savings this year
- ASC precept for Slough 2%

Analysis of Spend over last 3 years



Key Performance Indicators

- Reablement - 91 day indicator and numbers receiving
- Delayed transfers of care
- People supported by the voluntary sector
- Social isolation
- Direct Payments
- Number of carers supported
- Safeguarding outcomes
- People who use services who say that those services have made them feel safe and secure
- Adult Social Care Outcomes Framework
- Annual Local Account

Our strategy 2015-2020

- Prevent, support and delay the need for social care services by good information and advice, prevention, reablement and building community capacity
- Asset based approach – 3 tier conversation
- Community based approach
- Avoid people being in crisis
- Support to carers
- Support people to live at home and reduce/maintain number of people living in care homes
- Personalisation - support people to manage their own care and support through direct payments
- Making safeguarding personal
- Working in partnership with the NHS and others to deliver integrated support
- Improve quality and workforce development
- Reducing the average spend per head

Key Challenges and Opportunities

- Delivering the planned efficiency savings
- Further potential savings
- Meeting our statutory responsibilities under the Care Act
- Increasing demand and complexity
- Rising costs – national living wage, pension and NI
- Reform programme changes don't deliver as planned
- Workforce and provider issues
- Integration with the NHS

Sustainability and Transformation Plan – Frimley footprint

Better Care Fund - Slough

Transforming Care Plan – Berkshire

Crisis Care Concordat - Berkshire

What is Public Health?

- Public health is about helping people to stay healthy and protecting them from threats to their health. Includes provision of evidence based services and interventions that;
 - promote health improvement, protect the population,
 - extend healthy life expectancy through the determinants of health i.e education, housing and employment
 - health service quality
- Public health outcomes framework and local strategy sets priorities and KPIS
- Health and Social Care Act 2012
- Joint Strategic Needs Assessment

PH grant outturn

Year	Total grant less CSR	Planned savings in mainstreamed services	Comment
2013-14 RO	4.950m	200k	Inherited cost pressure of 300k unrecoverable NHSE costs
2014-15 RO	5.802m	400k	Balanced budget
2015-16 RO	6.596m	1053k	<i>additional CSR in year reductions of 6.2% and half year HV grant</i>
2016-17 RA	7.544m	876k	<i>additional CSR reductions of 2.2% and HV grant FYE.</i>
2017-18 RA Final year	7.004m	736k	<i>additional CSR reductions of 2.4%</i>

Key Performance Indicators

- For outcome 5
 - Infant mortality, childhood immunisations, oral health at age 3 and 5 years, obesity in year 6, all five mandated HV checks
- For outcome 6
 - Offer and uptake of health checks
 - Nos of 4 week quitters (smoking)
 - Nos referred to the national diabetes prevention programme

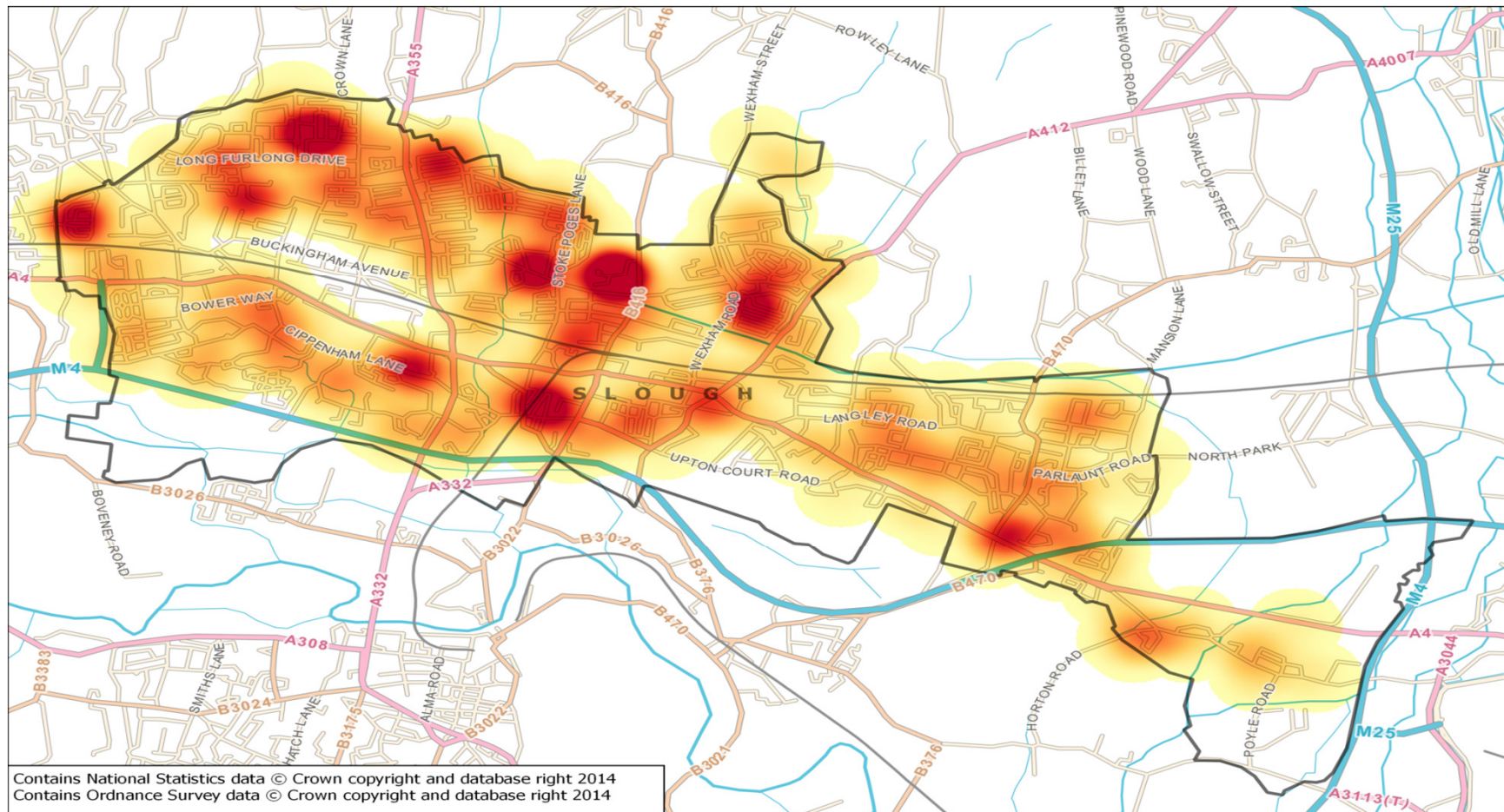
Key challenges and opportunities

- Delivering the planned CSR efficiency savings through Making Every Contact Count to promote self care and service redesign focussing on channel shift options
- Planning for further potential savings in 2018 based on business rates
- Meeting our statutory responsibilities under the Health and Social Care Act 2012
- Integration with the NHS and local businesses
 - Sustainability and Transformation Plan – Frimley footprint
 - Better Care Fund, falls prevention, respiratory, cardiac disease prevention
 - CAMHS transformation fund
 - National Diabetes Prevention Programme

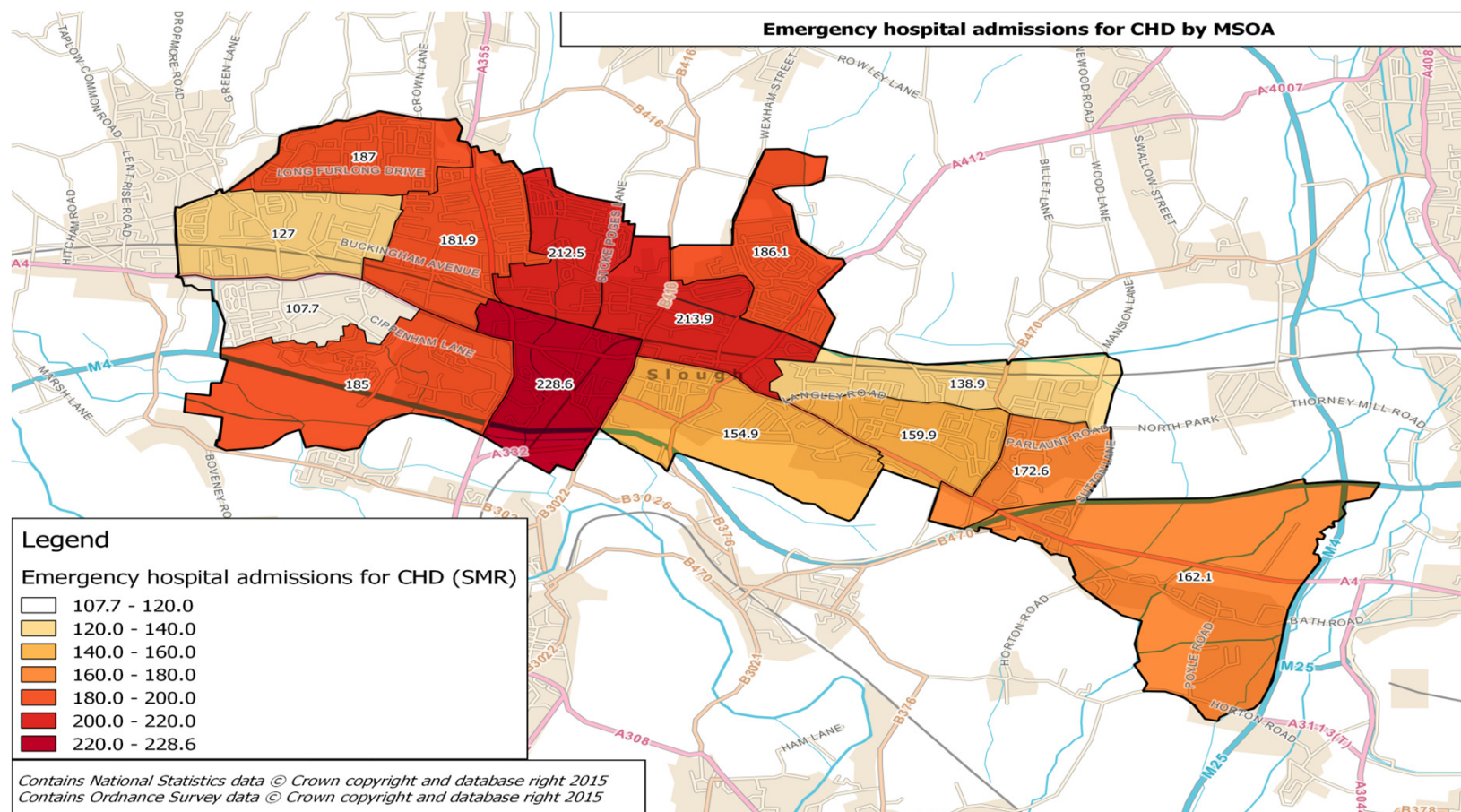
The strategy for 2017-18

Prescribed services	Who manages and pays?	Non prescribed services (*)	Who manages and pays?
Local staff	Joint appointments SBC and Slough CCG	Obesity and physical activity	SBC leisure and SPACE with lottery and business funding
Health visiting and school nursing (0-19)	SBC contract team with BCF and external funding	Mental health and DAAT	STP funding and local voluntary sector
Sexual health GUM services health checks and GP led LARC services	Central team to manage and CCG to co fund		

Examples of ward profiles



Emergency hospital admissions for heart disease and stroke

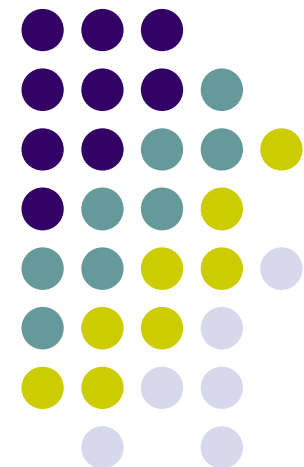


The *NHS*

Dr Jim O' Donnell
Chair
NHS Slough CCG

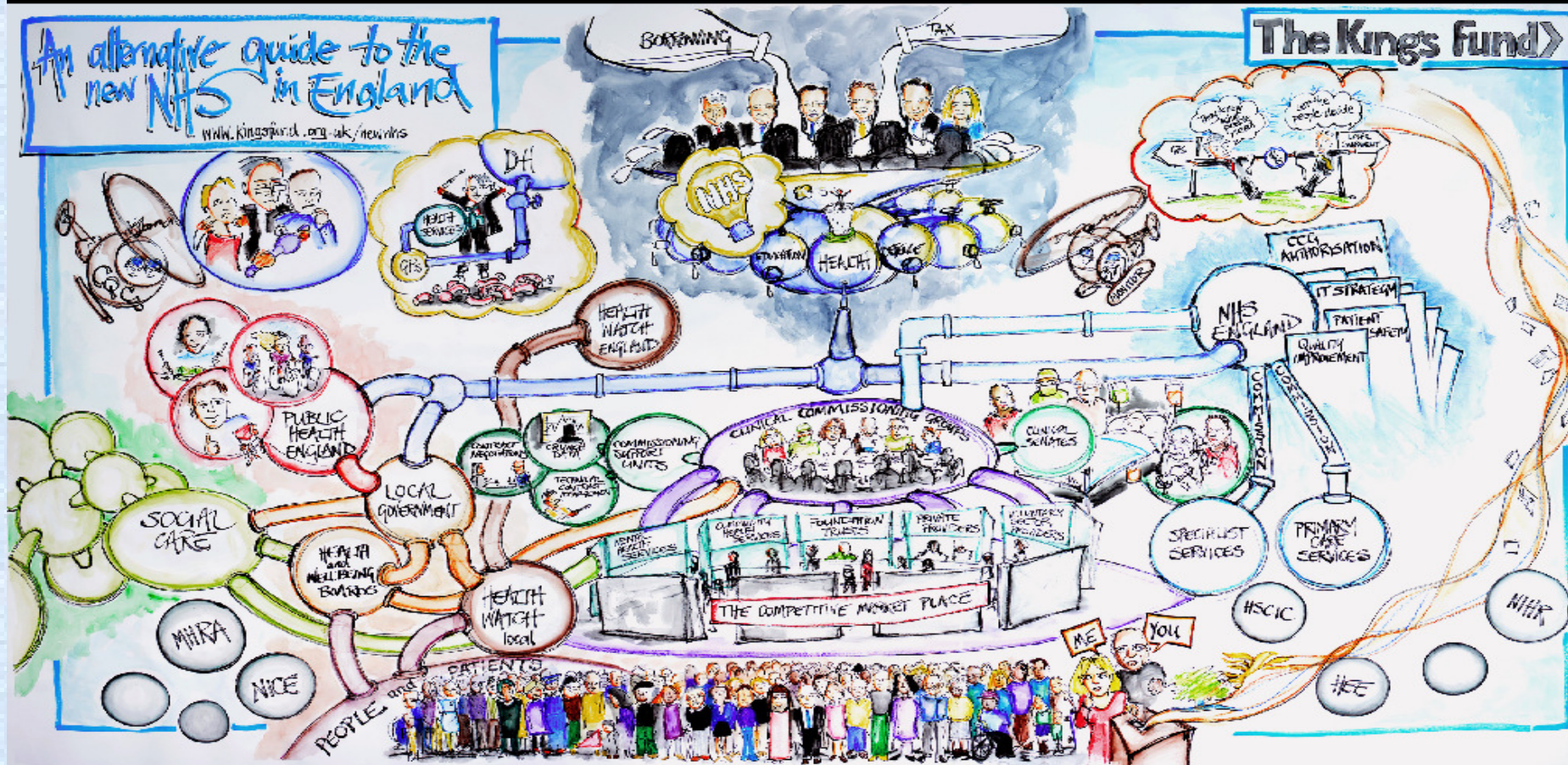
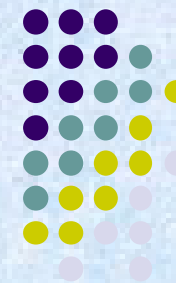
30th June 2016

Health Scrutiny Panel, SBC



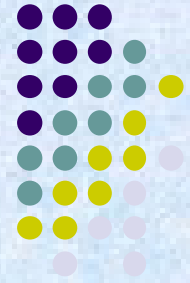
The Kings Fund video: An alternative guide to the new NHS in England

(www.kingsfund.org.uk)



NHS Budget 2016/17:

£120.4 billion, 4 regions, London, Midlands & East, North and South; £71.9 bn to 209 CCGs



- ✓ *CCGs commission a range of routine services*
- ✓ *Urgent and emergency care, elective (planned) hospital care, community health services, maternity and mental health*
- ✓ *General practice – 115 delegated commissioning, all CCGs by 2017/18*
- ✓ *Specialised services – increasingly with NHS England*
- ✓ *6 Commissioning Support Units (CSUs)*
- ✓ *15 Academic Health Sciences Networks*
- ✓ *£3.9bn mandatory minimum to be spent jointly with LAs in Better Care Funds - £9m in Slough*

The future vision – 5YrFV



- Co-commissioning is one of a series of changes set out in the **NHS Five Year Forward View**.
- The *Forward View* set out the need to **break down traditional barriers** in how care is provided. Out-of-hospital care to become a much larger part of what the NHS does, and for services to be **integrated around the patient**.
 - Co-commissioning is a key driver of this by enabling **greater collaboration between commissioners across local health economies and wider geographical and organisational footprints**.
- 5YrFV encourages **greater innovation in service and delivery models** in recognition that one size does not fit all when it comes to diverse demographics and local need. It sets out a number of new models of care including **multispecialty community providers (MCP)**, **integrated primary and acute care systems (PACS)**, and integrated approaches to urgent and emergency care (UEC).
 - **New models of care will be easier to deliver by having commissioning responsibilities for primary and secondary care in the same organisation - CCGs.**
 - Furthermore, **co-commissioning will give GPs a greater say over the development of new services and models of care for their local communities.**
- The *Forward View* also sets out **a commitment to invest more in primary care over the next five years** : Through co-commissioning **CCGs will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.**

NHS Five-Year Forward View

- 9 high level priorities



- Development of a high quality and agreed STP
- Return the system to aggregate financial balance
- Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and skill mix
- Urgent and Emergency care Transformation
- Improvement against and maintenance of the NHS Constitution standards of 92% non-emergency pathways
- Improve Cancer survival rate via early diagnosis and treatment
- Improve Mental Health service
- Deliver actions set out in local plans to transform care for people with Learning Disability, implementing enhanced community provision, reducing inpatient capacity, rolling out care and treatment reviews in line with published policy.
- Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality.

Since the Five-Year Forward View

- 2 new models. 2016: 44 STPs



- Urgent and Emergency Care Vanguard – reduce A&E pressure through coordination of services
- Acute care collaborations – linking hospitals to improve clinical and financial viability
- 50 new vanguards
- www.kingsfund.org.uk/altguidenhs - link to video animation
- Sustainability and Transformation Plans (STPs) - local system based, brings providers, commissioners, LAs, together
- Frimley STP, 750,000 population.

The GP Forward View



- An **additional minimum of £2.4bn per year by 2020-21** in GP services, from £9.6bn to £12bn - a 14% real terms increase. (£322m increase in primary medical care allocations in 2016-17). 20% of this will be spent on 7-day services.
- Includes £900m of **capital spend** on practice premises over the five years – CCGs approval for the plans required, and provision of a greater range of services.
- Seen widely as the end of the starvation-strangulation of general practice by a vengeful DH post the 2003-4 contract implementation and financial outcomes.
- £112m to give every practice access to a clinical pharmacist, in addition to the £32m already allocated. Plus £6m for PM development & £15m for nurse training capacity until 2020.
- £45m to train receptionists and clerical staff as **patient navigators** and handle clinical paperwork.
- £30m to implement innovative ways of freeing up GP time for patient appts.
- Most of the funding to be distributed as **primary care transformation** support, and (or) to implement schemes trialled in 7-day access pilots, or IT innovations – e-consulting, video consulting, etc. £171m practice transformational support.
- Will be further supplemented by the £550m+ STP (**Sustainability & Transformation Plan**) to support struggling practices (£40m), further develop the GP workforce, tackle workforce issues and stimulate care re-design.
- Reduced frequency of CQC inspections to 5-yearly for practices rated Good or Outstanding.
- Practice resilience fund - £16m this year, then £24m over next four years. Summer. LMCs.
- GP Retainer scheme - £12,000 per year per practice, via HEE
- Help promised with the rising cost of medical indemnity.
- New GP funding formula for general practice to replace Carr Hill
- Mental Health therapists funding for each practice via BCFs.

Aims of Co-commissioning



- To harness the energy of CCGs to create a ***joined up, clinically-led*** commissioning system which delivers ***seamless, integrated*** out-of-hospital services based around the ***needs of local populations***.
- From ***CCGs' early expressions of interest***, NHSE sees benefits of co-commissioning as:
 - Improved provision of ***out-of hospital services*** for the benefit of patients and local populations;
 - ***A more integrated healthcare system*** that is affordable, high quality and which better meets local needs;
 - More ***optimal decisions to be made about how primary care resources*** are deployed;
 - ***Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services***; and
 - A more ***collaborative approach to designing local solutions for workforce, premises and IM&T challenges***.
- Co-commissioning is the beginning of a longer journey towards ***place-based commissioning...joined health and care services***.



Sustainable Finances

The table below shows the 'programme' funding allocation for our three CCGs for 2016/17 of £490m and the growth compared to 2015/16. For 2016/17 NHS England has made some fundamental changes to how the 'target' allocations are calculated for CCGs (the amount a CCG should theoretically receive based on a 'fair share' of the national funding available) and this means the actual funding for each of our CCGs is now much closer to this theoretical target. Slough CCG is funded marginally above the target

	2016-17 Final allocation after place based pace- of-change £k	2016-17 Final growth £k	2016-17 Final growth %	2016-17 Final per capita allocation £
NHS Bracknell and Ascot CCG	153,421	6,601	4.50%	1,085
NHS Slough CCG	171,799	5,083	3.05%	1,117
NHS Windsor, Ascot and Maidenhead CCG	165,111	9,160	5.87%	1,077



Finances – cont.

- Slough allocation has been affected by the movement in our funding formula (goal posts sometimes do move).
- This means we need to meet additional requirements within the mandate with relatively less growth than our neighbouring CCGs
- The CCG therefore has a planned QIPP gap of circa £5 million
- There are savings plans built in year to cover the ensuing gap and all investments will be reviewed in-year
- The area of over-performance tends to be in non-elective (unplanned) activity for Slough, although our elective (planned) activity is also showing signs of performing above last year.

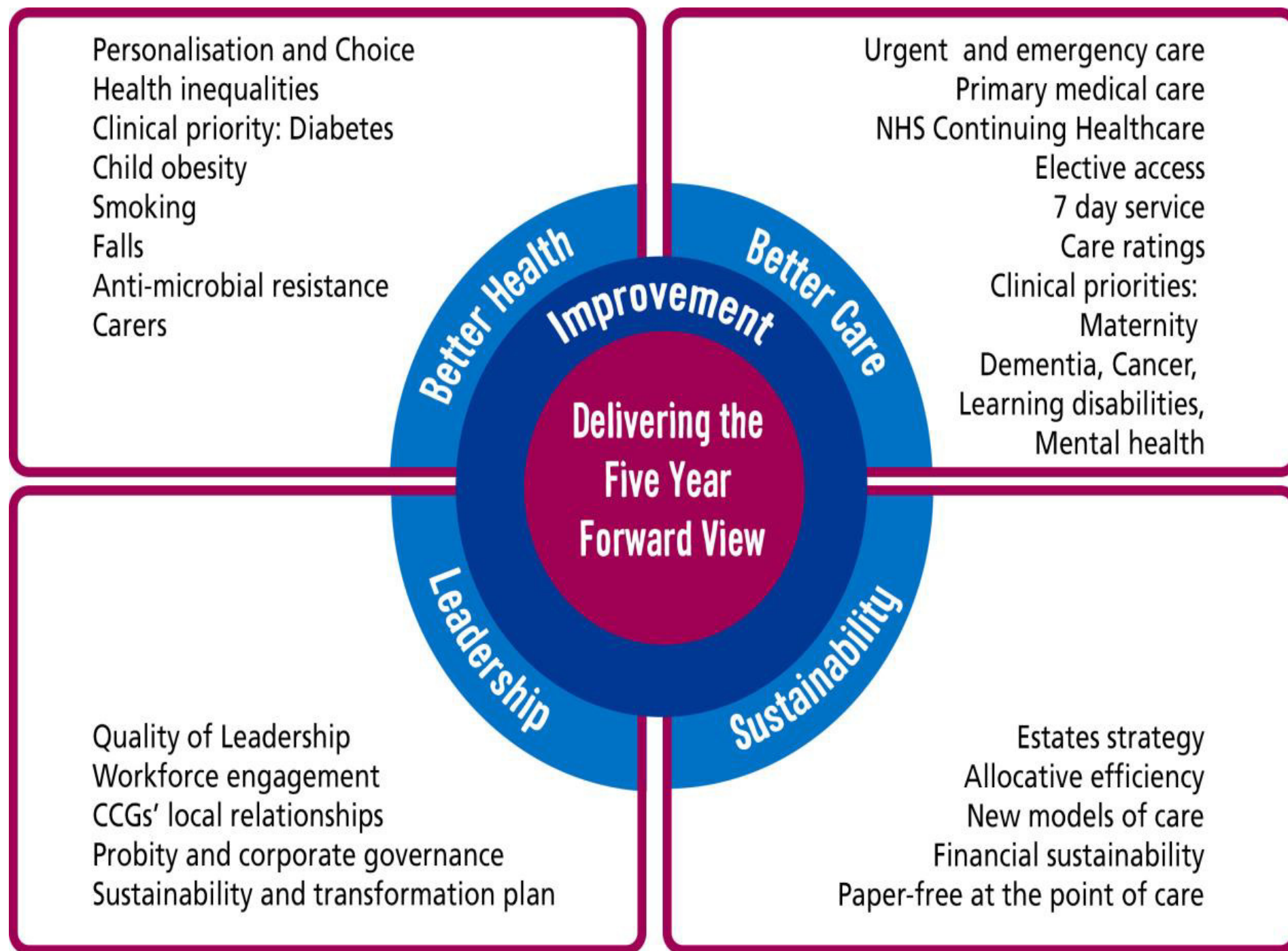


CCG Assurance Process: has changed into the new

2016-17 Improvement and Assessment Framework

(IAF): 4 domains, 6 clinical priorities, 57 indicators designed to supply indicators for adoption in STPs as a marker of success. NHS constitutional, core performance and finance indicators, outcome goals, transformation challenges.

- **Better Health** - improving health & wellbeing, bending the demand curve
- **Better Care** - care redesign, performance of constitutional standards, outcomes, esp. in six important clinical areas – Diabetes, Mental Health, Dementia, Learning Disabilities, Cancer, Maternity
- **Sustainability** - financial balance, securing good value for money
- **Leadership** - quality of CCG leadership, of its plans, work with partners, governance arrangements, probity, how it deals with conflicts of interest



2016-17 Improvement and Assessment Framework (IAF):



- Support dialogue between NHSE & CCG
- Risk-based continuous approach
- 360 degree CCG stakeholder survey
- CCG population outcomes indicator set
- RightCare Commissioning for Value packs that set a CCG's priorities
- Overall ratings and relative performance on MyNHS & other channels
- 29 areas, 57 indicators, reported quarterly
- Independent panels for each of the six clinical priorities
- How well CCGs play into their local systems
- Subject to regional and national moderation

Area
Better Health

Indicator Name



Smoking	Maternal smoking at delivery
Child obesity	Percentage of children aged 10-11 classified as overweight or obese
Diabetes	Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children
	People with diabetes diagnosed less than a year who attend a structured education course
Falls	Injuries from falls in people aged 65 and over
Personalisation and Choice	Utilisation of the NHS e-referral service to enable choice at first routine elective referral
	Personal health budgets
	Percentage of deaths which take place in hospital
	People with a long-term condition feeling supported to manage their condition(s)
Health inequalities	Inequality in avoidable emergency admissions
Anti-microbial resistance	Appropriate prescribing of antibiotics in primary care
	Appropriate prescribing of broad spectrum antibiotics in primary care
Carers	Quality of life of carers

Area	Indicator Name
<u>Better Care</u>	
Care ratings	Use of high quality providers
Cancer	Cancers diagnosed at early stage People with urgent GP referral having first definitive treatment for cancer within 62 days of referral One-year survival from all cancers Cancer patient experience
Mental Health	Improving Access to Psychological Therapies recovery rate People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral Children and young people's mental health services transformation Crisis care and liaison mental health services transformation Out of area placements for acute mental health inpatient care - transformation
Learning disability	Reliance on specialist inpatient care for people with a learning disability and/or autism Proportion of people with a learning disability on the GP register receiving an annual health check
Maternity	Neonatal mortality and stillbirths Women's experience of maternity services Choices in maternity services
Dementia	Estimated diagnosis rate for people with dementia Dementia care planning and post-diagnostic support
Urgent and emergency care	Achievement of milestones in the delivery of an integrated urgent care service Emergency admissions for urgent care sensitive conditions Percentage of patients admitted, transferred or discharged from A&E within 4 hours Ambulance waits Delayed transfers of care attributable to the NHS per 100,000 population Population use of hospital beds following emergency admission
Primary medical care	Management of long term conditions Patient experience of GP services Primary care access Primary care workforce
Elective access	Patients waiting 18 weeks or less from referral to hospital treatment
7 day services	Achievement of clinical standards in the delivery of 7 day services
NHS Continuing Healthcare	People eligible for standard NHS Continuing Healthcare



Area**Indicator Name****Sustainability**

Financial sustainability	Financial plan In-year financial performance
Allocative efficiency	Outcomes in areas with identified scope for improvement Expenditure in areas with identified scope for improvement
New models of care	Adoption of new models of care
Paper-free at the point of care	Local digital roadmap in place Digital interactions between primary and secondary care
Estates strategy	Local strategic estates plan (SEP) in place

Leadership

Sustainability and Transformation Plan	Sustainability and Transformation Plan
Probity and corporate governance	Probity and corporate governance
Workforce engagement	Staff engagement index Progress against workforce race equality standard
CCGs' local relationships	Effectiveness of working relationships in the local system
Quality of leadership	Quality of CCG leadership



CCG STATUTORY DUTIES:

Commission Services for Patients of Practices & the CCG Area's Unregistered Persons	Promote Integration
Emergency Care in/for Slough	Maintain Register of Interests
For Out-of-Area placements	Conflicts of Interest
Ensure Delivery of The Mandate	Public Consultation
Commission Effective High Quality Services	Publish CCG Plans Annually
Ensure Primary Care Quality	Consult SWB & Public in relation to Plans, incl. HOSC
Reduce Health Inequalities	Publish Annual Report
Involve Every Patient	Maintain the GB Constitution
Promote Patient Choice	Equalities Act & Health & Safety at Work Act
Obtain Appropriate Advice	Employment Rights Act
Promote Innovation	Human Rights Act
Support & Promote Research	Data Protection Act
Educate & Train Personnel	Freedom of Information Act

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